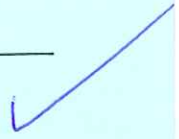


#1

Date: 11-17-12



CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. G.1 Bus Fare

Name ROSEMARY LEE
Address 111 W WILSON #108
53703

Please check the appropriate boxes:

- Support (checked)
Oppose
Neither Support Nor Oppose

- Wish to speak (checked)
Do not wish to speak
Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
Information Hearing.....3 minutes
Other Items.....3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No (checked)
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Empty box for comments related to the agenda item.

Name, address and telephone number of each person or organization you are representing:

Empty lines for name, address, and telephone number of represented person or organization.

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: _____

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Susan De Vos

Address 610 / N. Midvale Blvd.
Madison 53705

Agenda No. 61

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: _____

needs to speak in front of camera

CITY OF MADISON

Registration Statement – Transit and Parking Commission



You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Dennis Andino

Address 245 S Park St

Madison, WI

53715

Agenda No. _____

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

What the different senior / Disabe pass 40.00 also low income pass 32.00 Both should same price

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 11/7/12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

X

PLEASE PRINT CLEARLY

Name Amy Starobin
Address 837 N Gammon Rd #1
Madison WI 53717

Agenda No. _____

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 11-7-12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Russell Nouka
Address 4817 Sheboygan Ave #58
Madison, WI 53705-2917

Agenda No. _____

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

I am opposed to raising the disabled/elderly bus pass to \$12.50

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 11-7-12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. _____

Name Gary Muskat
Address 6911 Franklin Ave
Middleton

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 7 Nov 2012

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Michael Paul Czechanowski

Address 2010 E Main St.

Madison 53704

Agenda No. _____

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 11-8-12 ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Schutz
Ron Schutz
Address 133 DIVISION
53704

Agenda No. G

Please check the appropriate boxes:

- Support
- Oppose** *object*
- Neither Support Nor Oppose**

- and Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

The proposed 31 day senior pass increase is over 30%.
 All other increases are just ^(disability) over 10%.
 I object to the uneven (unfair) skew that puts me in the
 position of funding other increases. This is my only
 way to get to work. It is putting a stress
 on my ability to work.

Name, address and telephone number of each person or organization you are representing:

self

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: _____

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Rebecca Wahl
Address 755 Braxton Apt #A201

Agenda No. G

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Why ~~is~~ there a twenty five cents
increase in the disabled Ten card then
fare

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No
 Are you appearing as part of your other paid duties for this person or organization? Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 11-7-2012



CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name

Norm Littlejohn

Address

1230 Williamson St. #2
53703

Agenda No.

G

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Many low-income people have little choice but to take the bus. The recession is not over, and these fare increases would be a heavy burden on low-income riders.

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 11/7/12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 6

Name David Frazer
Address 5809 Raymond Rd Apt. #2

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.) Riders In Disagreement with Excessive Rates (R.I.D.E.R.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Proposed rates are excessive when compared w/ those of cities of similar size to Madison - especially in the case of rates for seniors & the disabled.
 There are other options besides raising rates & slashing service. Students pay \$1.15 per ride, & their monthly rates are the lowest in the city. An increase to \$1.40, for example, would raise \$687,500 over the next year.

Name, address and telephone number of each person or organization you are representing:

R.I.D.E.R - Riders In Disagreement w/ Excessive Rates
608-770-9266

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 11/7/12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. G

Name Harry Richardson
Address 18 Sherman Ter. No. 4
Madison, WI 53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Please don't increase the bus fare in these difficult economic time, Find money perhaps from giving less money to Overture or from the banks "reward" for borrowing from them

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No
 Are you appearing as part of your other paid duties for this person or organization? Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 11.7.12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.



PLEASE PRINT CLEARLY

Name D'Shanna Hargrave
Address 132 East Wilson St #313
Madison WI 53703

Agenda No. G

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 11/7/12



CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Linda Ketcham
Address 813 Flora Ln
Madison WI

Agenda No. Proposed fare
increase

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Name, address and telephone number of each person or organization you are representing:

Madison-area Urban Ministry 2300 S Park St #2022
MADISON WI 53713

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: _____

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name _____

Address _____

Agenda No. _____

G1

Please check the appropriate boxes:

- | | | | | |
|-------------------------------------|-----------------------------------|-----|-------------------------------------|-------------------------------|
| <input type="checkbox"/> | Support | and | <input checked="" type="checkbox"/> | Wish to speak |
| <input checked="" type="checkbox"/> | Oppose | | <input type="checkbox"/> | Do not wish to speak |
| <input type="checkbox"/> | Neither Support Nor Oppose | | <input type="checkbox"/> | Available to answer questions |

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Name, address and telephone number of each person or organization you are representing:

Steve Arnold
 2530 Targhee St.
 City of Fitchburg

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: _____

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. G

Name Susan Wahl
Address 1902 Londonderry Drive
Madison WI

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Living on a fixed income is hard enough without
having transportation taken away from you. If
you can't afford it, you can't ride. I no longer
use paratransit because it's so expensive.

Name, address and telephone number of each person or organization you are representing:

Susan L Wahl

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: ~~10/22~~ 11/7/12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. G1

Name Damon Terrell
Address 630 W. Olin ave

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: _____ ✓

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 61

Name PETER WOLFF
Address 945 JENIFER ST
53703

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: _____

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name ROYCE WILLIAMS
Address 24307 FOX AVE
MADISON 53711

Agenda No. G
BUS FARE INCREASE

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 11-7

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 91

Name Au Pastor
Address 2502 Queen Ridge Dr
53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

[Empty lines for comments]

Name, address and telephone number of each person or organization you are representing:

[Empty lines for name, address, and telephone number]

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 11/7/12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name tim wong

Address 161 jackson
msn 53704

Agenda No. G1

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

① city should implement a fee on entering the central city à la London

② county should institute a wheel tax with revenue dedicated to Madison Metro (county doesn't currently contribute to Madison Metro).

③ Owl Creek should be given to M^cFarland or abandoned.

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 11.07.12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. 11.07.12 (91)

Name Melanie Foxcroft
Address 2135 LAKELAND AVE
MADISON WI 53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Please do not increase fares again; except ~~maybe~~
 large employer/institution group rates need to be
 increased for sure to generate the necessary funds.

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 11/7/2012

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Name Christian R Hansen
Address 636 Longden Street

Agenda No. G1 28189

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 11/7/12

CITY OF MADISON

Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.



PLEASE PRINT CLEARLY

Agenda No. <u>GI</u> <i>oppose</i> increase cash fare

Name Julie Spears

Address 307 S. Fawcett
Madison, WI 53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing.....5 minutes
 Information Hearing.....3 minutes
 Other Items.....3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)

Date: 11/7/12

CITY OF MADISON



Registration Statement – Transit and Parking Commission

You must register before the Commission considers your item.

PLEASE PRINT CLEARLY

Agenda No. C1

Name CJ Terrell
Address 1225 Jennifer St
 Madison, WI

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Speaking Limits: Public Hearing 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

At this meeting are you representing an organization or a person other than yourself: Yes No
 (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent below, and go on to the next question.)

COMMENTS RELATED TO THE ITEM ON THE AGENDA (optional):

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

(SEE BACK)